

**CITY OF CLEWISTON PLANNING AND
ZONING DEPARTMENT**

121 Central Avenue
Clewiston, FL 33440
863-983-1500 • FAX: 863-983-1430

For Office Use Only:

Case No: _____

Date Received: _____

Fees: _____

Check No: _____ or Cash _____

COMPREHENSIVE PLAN AMENDMENT APPLICATION

NOTE: This application with all supporting exhibits and data must be completed and returned to the Planning and Zoning Department before advertising for public hearing. The applicant or his/her agent must be present at the hearing for the application to be considered.

Please check applicable box (es):

- ☐ Small Scale Amendment (Under 10 Acres)
☐ Large Scale Amendment (10 Acres or greater)
☐ Text Amendment-Element(s): _____

Owner Information:

Name of Property Owner: _____

Mailing Address: _____

Name of Applicant, if other than Owner, (Relationship): _____

Home Telephone: _____

Work Telephone: _____

Fax Number: _____

E-mail: _____

Property Information:

Property Address/location: _____

Property Strap or Folio Number: _____

Current Future Land Use Designation: _____

Proposed Future Land Use Designation: _____

Existing Zoning: _____

Proposed Use: _____

Existing Use: _____

Size of Property (in acres): _____

Description of Surrounding Properties: _____

Legal Description of Property (Lengthy Description May Be Attached): _____

Describe Nature of Change(s) Requested: _____

All data and exhibits submitted in support of this application shall become a permanent part of the Public Records of Clewiston, Florida. **PLEASE SUBMIT ORIGINAL APPLICATION PLUS 5 COPIES OF ALL DOCUMENTS SUBMITTED.**

Required Attachments:

1. Proof of ownership or contract to purchase or lease property
2. Survey of property (11" x 14", 20" Scale)
3. Most recent aerial photograph of site (1" - 400")
4. Letter outlining request with data and analysis justifying request
5. Notarized Letter of Owner's Authorization (attached)
6. Map showing existing land uses and principal roadways within 300 linear feet from boundaries of subject property
7. Provide the existing Level of Service standard (LOS) and document the impact the proposed change(s) will have on the following public facilities:
 - a. Potable Water
 - b. Sanitary Sewer
 - c. Arterial and Collector Roads: Name specific road(s) and LOS.
 - d. Drainage
 - e. Solid Waste
 - f. Recreation and Open Space
8. Document proposed services and public facilities, identify provider, and describe the effect the proposed change(s) will have on schools, fire protection, and emergency medical services
9. Document flood zone based on Flood Insurance Rate Map Data (FIRM)
10. Document location of well fields and cones of influence if applicable
11. **Application fee of \$150.00 and actual fee charged by consultant.** Consultant shall establish fee for each amendment based on complexity of the amendment. Applicant shall be assessed all costs associated with an amendment or resubmission of an amendment until it is formally accepted or rejected by the Florida Department of Community Affairs. **The minimum fee for a small scale amendment is \$2,000.00.** The fee for a conventional amendment shall be determined by the fee paid to the consulting firm processing the amendment.

LETTER OF AUTHORIZATION

ATTEST:

We/I, _____, being first duly sworn, depose and say that we/I am/are the owners of the property described herein and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, including the disclosure of interest information, all sketches, data, and other supplementary matter attached to and made a part of this application, are honest and true to the best of our knowledge and belief. We/I understand that the information requested on this application must be complete and accurate and that the content of this form, whether computer generated or City printed shall not be altered. Public hearings will not be advertised until this application is deemed complete, and all required information has been submitted.

As property owner We/I further authorize _____ to act as our/my representative in any matters regarding this Petition.

(Signature of Property Owner)

(Signature of Property Owner)

(Typed or Printed Name of Owner)

(Typed or Printed Name of Owner)

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

(Signature of Notary Public – State of Florida)

State of Florida
County of Hendry
City of Clewiston

(Print, Type, or Stamp Commissioned
Name of Notary Public)